



Request for Applications

RFA # A409

Partnerships in Overdose Prevention and Harm Reduction (POPHR)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury / Injury and Violence Prevention Branch

ISSUE DATE: October 2, 2023

DEADLINE DATE: November 30, 2023 (5:00 pm Eastern Time)

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to: beinjuryfreenc@dhhs.nc.gov

Applications will be received until 5:00pm on Thursday, November 30, 2023.

Applications must be submitted by email only to beinjuryfreenc@dhhs.nc.gov as one consolidated PDF file including the Summary Page, Application Face Sheet, Project Narrative, Indirect Cost Rate Approval Letter, and Letter(s) of Commitment/Support. **The Budget with Narrative must be submitted as a separate excel document using the provided template.** Incomplete applications and applications not completed in accordance with the instructions will not be reviewed.

IMPORTANT NOTES

1. Application file name should be as follows: ApplicantName_A409
2. Indicate organization name and RFA number on the header or footer of each page alongside the page number in the application narrative.
3. Include your organization name and RFA number in your email subject line when submitting questions or when submitting your application as an attachment.

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I. INTRODUCTION

The Injury and Violence Prevention Branch (IVPB) under the North Carolina Division of Public Health, Chronic Disease and Injury Section works to identify, implement, and support prevention strategies in injury and violence, including drug poisoning and overdose.

The purpose of this Partnerships in Overdose Prevention and Harm Reduction (POPHR) RFA is to fund community-based organizations and local health departments to expand linkages to care for people who use drugs and historically marginalized populations for addressing overdose prevention, polysubstance use, wound care, and related issues. Linkages to care will be expanded through implementation of established harm reduction strategies like drug checking, supporting syringe services programs, expanding justice-involved programs, and promoting peer-led post-overdose teams. Through direct funding, this RFA will support selected programs to hire staff, including peer support specialists, to connect people who use drugs to harm reduction services, evidence-based substance use disorder treatment, healthcare, and other services.

POPHR RFA applicants shall apply for funding to utilize at least one of the following strategies to increase access and linkage to care for people who use drugs. The strategies are as follows:

- **Strategy 1: Support Efforts for Drug Checking and Prevention of Overdose from Multiple Substances** by increasing real-time understanding of the drug supply and improve timely reporting of emerging drug threats.
- **Strategy 2: Establish or Expand Substance Use-Related Wound Care Services and Protocol** through a comprehensive approach including education, prevention, detection, and monitoring to promote cost-effective and whole person-centered care.
- **Strategy 3: Establish or Strengthen Post-Overdose Response Teams (PORTs)** led by community-based organizations with experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, social/health services, including housing, employment, food access, and treatment and recovery supports.
- **Strategy 4: Support and Expand Syringe Service Programs (SSPs)** through a host organization with experience working with people directly impacted by drug use, including active SSPs. These organizations may be community-based nonprofit organizations, faith communities, local health or human services departments, pharmacies, or other entities with relevant experience.
- **Strategy 5: Expand Services to Justice-Involved Populations** including jail-based programming like pre- and post-arrest diversion programs, reentry programming to refer individuals to care once released from incarceration, distributing education materials to incarcerated populations, and expansion of treatment and recovery services specific to incarcerated or previously incarcerated individuals.
- **Strategy 6: Expand Harm Reduction Services with Organizations Serving Historically Marginalized and High-Risk Populations** by incorporating overdose prevention and harm reduction into existing community-based organizations, particularly those providing other support services to populations that intersect with the drug user population.

Organizations are eligible to apply for funding for projects that advance one or more strategies listed in *Section III: Scope of Services*.

ELIGIBILITY

The ***Partnerships in Overdose and Harm Reduction (POPHR)*** RFA is open to private, non-profit 501(c)(3) organizations and public or local governmental agencies, including colleges and universities, located and licensed to conduct business in the state of North Carolina. Those entities that are funded through Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL; CDC-RFA-CE-23-0003) are ***ineligible*** for this RFA opportunity. Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant related requirements. It is highly encouraged that local health departments/districts who apply will subcontract with a community-based organization. Similarly, community-based organizations are highly encouraged to partner with a local health department as the host agency to submit this application and support management of this funding. A minimum of 70% of the total funds allocated to this RFA will go to supporting community-based organizations.

The North Carolina Department of Health and Human Services (NCDHHS) encourages applications from organizations that promote the health and dignity of individuals and communities impacted by drug use and those that wish to incorporate this mission into their core activities. Applicants should be familiar with delivering program activities in a culturally appropriate manner. ALL organizations must be operating services in North Carolina.

Priority will be given to the following:

- Organizations that work with historically marginalized populations that are at particular risk of overdose including people that are:
 - Experiencing homelessness and housing instability,
 - Black, Indigenous and People of Color (BIPOC),
 - Tribal communities in NC, and/or
 - Transitioning from correctional settings to the community.
- Organizations that are based in counties that have higher overdose burden according to the county-level DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>).
- Organizations that have limited or low existing resources.
- Organizations that focus on linkages to care as part of their organizational mission.

FUNDING

Partnerships in Overdose Prevention and Harm Reduction (POPHR) has been funded 100% by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE-23-0002 starting June 1, 2024. Upon satisfactory performance, the contracting agencies may be renewed for three additional one-year periods beginning September 1, 2024 through August 31, 2027. Estimated amount of funds available for the RFA are up to \$990,000 annually. In efforts to support the continuity of services provided by nonprofit grantees receiving state and federal funds, the Department of Health and Human Services (Department) shall enter into a minimum of a two-year contract agreement with nonprofit grantees/recipients if certain requirements are met in accordance with Session Law 2022-52.

Award information: CFDA #93.136, Injury Prevention and Control Research and State and Community Based Programs

Estimated funds available: \$3,330,000

Title of Project: Overdose Data to Action in States

Agency name: Centers for Disease Control and Prevention

This funding is available within the following periods:

- Year 1: June 1, 2024-August 31, 2024
- Year 2: September 1, 2024-August 31, 2025
- Year 3: September 1, 2025-August 31, 2026
- Year 4: September 1, 2026-August 31, 2027

Applicants may request up to \$90,000. Cost sharing or matching funds are not required. The maximum total per applicant is \$90,000 annually. The minimum award is \$25,000.

The actual funding amount will be determined by the Division of Public Health based on the proposed execution of the project and the utilization of funds as outlined in the applications submitted. **Funds are distributed on a reimbursement after expenditure basis. No advance/startup funds are provided to programs.** While not required, it is recommended that awardees have the capacity to receive electronic reimbursement payments, rather than mailed paper checks that are subject to delays. Awardees who elect to receive electronic payment will complete a vendor electronic payment form upon award.

Prior to issuing Letters of Award, DPH will conduct a risk assessment on all applicants with top scores. If awarded, subrecipients must receive a risk assessment annually. A risk assessment may also be conducted at the discretion of the monitor whenever necessary. Each applicant will be categorized as low, medium, or high risk depending upon the criteria set forth using the NCDHHS Risk Assessment Form. The frequency and intensity of monitoring techniques applied to a given subrecipient will be directly proportional to the level of risk assigned. Applicants who are assessed in the 'High' risk categories may not be funded.

Funding restrictions: Funds awarded through this RFA may only be used to support the strategies outlined in *Section III: Scope of Services* and **may not be used for:**

- Provision and procurement of equipment solely intended for illegal drug use or for preparing drugs for illegal drug use injection, such as cookers, spoons, syringes, hypodermic needles, and pipes.
- Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs.
- Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or high-pressure mass spectrometry (HPMS) machines for the purposes of reducing possible law enforcement exposure to fentanyl. (Drug testing machines for harm reduction purposes and linkages to care are allowed.)
- Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes. (Fentanyl test strip distribution for harm reduction purposes is allowed.)
- Clinical care or any direct medical service, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, such as pain management; and including the purchase of medications, including naloxone, methadone, buprenorphine, and naltrexone, and the

provision of Human Immunodeficiency Virus (HIV)/Hepatitis C Virus (HCV) or other Sexually Transmitted Infection (STI) testing and treatment.

- Paying fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine.
- Financial incentives to encourage clinicians to participate in educational sessions and training activities.
- If you are proposing activities that are based out of a clinic or healthcare settings, there are additional funding restrictions that are not listed here.
- Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags.
- Purchasing vehicles or paying down existing mortgages and/or other loans, including purchasing, leasing, or renting equipment intended to help Emergency Medical Services (EMS) and other clinicians treat and manage overdose.
 - NOTE: Leasing vehicles may be allowable expenses for community-based linkage to care activities.
- Capital expenses, new construction or renovation of facilities, furniture, or equipment.
- Any type of research.
- Match funding on other federal awards or duplicate expenses covered by other federal sources.
- Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
- Establishing new SSPs.
- Infrastructure costs, such as rent and utilities, for SSPs that are not associated with the co-location of treatment.
- Safe injection sites and developing educational outreach and guidance or materials about supervised/safe injection sites.
- Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention, including housing and food assistance.
- Safer sex kits (condoms and lubricant).
- Childcare and childcare-related purchases.
- Prevention of adverse childhood experiences (ACEs) as a standalone activity.

For more information on allowable costs and funding restrictions, see *Section VI: Project Budget* of this RFA.

II. BACKGROUND

Since 2012, the number of overdose deaths in NC has increased by 216%, from 1,278 to 4,041 in 2021. Additionally, in 2021, there were nearly 17,000 Emergency Department (ED) visits related to medication and drug overdose. Restrictions implemented to slow the spread of Coronavirus disease 2019 (COVID-19) in Spring 2020 altered health behaviors and healthcare utilization nationwide. Alcohol consumption and substance use increased; more U.S. adults reported anxiety or depression symptoms and seriously considering suicide than before restrictions went into effect. Despite NC seeing a first-time slight decrease in overdose deaths and ED visits in 2018 and a plateau continuing into 2019, the impact of the COVID-19 pandemic resulted in significant increases in 2020. These increases continued into 2021 and provisional surveillance data suggest that while the rate at which numbers increased slowed, these higher numbers of overdose continued throughout 2022.

To address the overdose crisis, the North Carolina Department of Health and Human Services worked with community partners to develop North Carolina's Opioid and Substance Use Action Plan (NC OSUAP), previously named the NC Opioid Action Plan. The NC OSUAP focuses on addressing polysubstance use and centering equity and lived experiences to ensure that the strategies addressing the overdose epidemic are led by those closest to the issue. This RFA is aligned with the strategies for overdose prevention and response outlined in the NC OSUAP, including:

- Center Equity and Lived Experiences by acknowledging systems that have disproportionately harmed historically marginalized people (HMP), implementing programs that reorient those systems, and increasing access to comprehensive, culturally competent, and linguistically appropriate drug user health services for HMPs.
- Prevent future addiction and address trauma by supporting children and families.
- Reduce Harm by moving beyond just opioids to address polysubstance use.
- Connect to Care by increasing treatment access for justice-involved people and expanding access to housing and employment supports to recover from the pandemic together.

The strategies outlined in *Section III: Scope of Services* have been identified by the North Carolina Division of Public Health as high-impact approaches to reduce the harms of the overdose epidemic. As the epidemic continues to evolve, there is a growing body of evidence for the need for and importance of drug checking. Drug checking is “the use of technology to provide insight into the contents of illicit drug products”.¹ According to the University of North Carolina at Chapel Hill Street Drug Analysis Lab, “when people know what substances are in drugs, they can make informed decisions to reduce overdose risk and prevent other harms”.²

In addition to drug checking, programs providing direct access to or referrals for drug use related wound care is increasingly important in the era of a contaminated drug supply. People who use drugs are experiencing unprecedented levels of soft tissue infections and other wounds related to their substance use that need immediate high-quality care. Programs should develop their own protocols and procedures for education and provision of wound care services.

¹ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00590-z>

² <https://www.streetsafe.supply/>

Some NC communities have implemented **post-overdose response teams**, which are also called Quick Response, Rapid Response, or Community Response Teams. A post-overdose response team (PORT) is an overdose follow-up program that allows agencies to visit a person who has recently overdosed (e.g., within 24-72 hours). The North Carolina Harm Reduction Coalition (NCHRC) explains that “a follow-up visit conducted within days of a naloxone reversal provides multiple opportunities such as directing people to harm reduction services for active drug users and treatment services for drug users looking to reduce or stop their substance use; providing naloxone, overdose prevention training and overdose prevention materials; and for stakeholders in the opioid response to work together to reduce overdose mortality.”³ PORT programs are also a great opportunity to build relationships with people who use drugs in your community and create connections to offer a variety of wraparound health and social services, even if that connection occurs at a later time. These programs can be a lifesaving touchpoint for people who are often marginalized by society.

Another key evidence-based overdose prevention and response strategy is **supporting and/or expanding syringe service programs**⁴ which are represented in NC by the NC Safer Syringe Initiative. These programs “distribute sterile syringes and other injection supplies and encourage the secure disposal of used syringes to reduce sharing, reuse, and public safety risks. Using a sterile syringe and new injection supplies for each injection can prevent infections, abscesses and reduce transmission of hepatitis C and human immunodeficiency virus (HIV). Programs also provide overdose prevention and response education, including how to administer naloxone. These programs can help participants access other medical and social services, including treatment for substance use disorder and mental health conditions.”⁵ The NC Safer Syringe Initiative operates according to the practices and philosophies of harm reduction, which recognizes a spectrum of drug use behaviors and promotes ways for people to manage their use more safely.

Among populations of people who use drugs, those who are also involved with the justice system are a particularly vulnerable population. Since 1980, the number of people held in state and federal prisons for drug-law violations has increased from 25,000 to over 350,000.⁶ Research shows that despite these large increases in incarceration, the rates of drug use and overdose deaths have not decreased.⁷ In addition, there are gaping disparities among populations that are arrested for drug-related offenses. Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are black or Latino.⁸ Additionally, drug overdose is the leading cause of death among formerly incarcerated people worldwide. In a study done by the University of North Carolina at Chapel Hill, formerly incarcerated people were found to be 40 times more likely to die from an opioid overdose two weeks after being released as compared with all NC residents.⁹ The CDC identifies **naloxone distribution and medication-assisted treatment (MAT) in criminal justice centers** and upon release as evidence-based

³ <https://www.nchrc.org/programs/lead/law-enforcement/post-overdose-response-programs/>

⁴ <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

⁵ <https://www.ncdhhs.gov/about/departments/initiatives/overdose-epidemic/syringe-and-naloxone-access>

⁶ <https://www.prisonpolicy.org/reports/pie2023.html#:~:text=Drug%20offenses%20still%20account%20for,of%20the%20federal%20prison%20system>

⁷ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

⁸ <https://drugpolicy.org/issues/race-and-drug-war>

⁹ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>

strategies for prevention of opioid overdose.¹⁰ The NC OSUAP encourages the use of prearrest diversion, jail-based overdose prevention education and medication assisted treatment access and comprehensive post-release support for justice-involved individuals.

The COVID-19 pandemic highlighted the vast health disparities among North Carolinians as it disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. The North Carolina Department of Health and Human Services defines these disproportionately affected populations as Historically Marginalized Populations (HMPs) and as individuals, groups, and communities that have historically and systematically been denied access to services, resources and power relationships across economic, political, and cultural dimensions as a result of systemic, durable, and persistent racism, discrimination and other forms of oppression. This can include racial, gender, ethnic, sexual minority groups, people who have differing abilities, who are experiencing homelessness, who live in rural communities, and/or are Veterans.

Although absolute counts suggest the highest burden of overdose among the non-Hispanic white population, overdose rates showing impact per total populations indicate greater burden on some historically marginalized populations (HMPs), particularly American Indian (AI)/Indigenous populations. The data also show that fatal overdose rates are increasing faster in non-Hispanic Black and AI/Indigenous populations. Harm reduction organizations are often already implementing a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce these health disparities among HMPs. Continuing to provide culturally relevant services for HMPs is a key focus of this RFA.

The purpose of this RFA is to fund community-based organizations and local health departments to expand linkages to care for people who use drugs and historically marginalized populations for addressing overdose prevention, polysubstance use, wound care, and related issues. Linkages to care will be expanded through implementation of established harm reduction strategies like drug checking, supporting syringe services programs, expanding justice-involved programs, and promoting peer-led post-overdose teams. Through direct funding, this RFA will support selected programs to hire staff, including peer support specialists, to connect people who use drugs to harm reduction services, evidence-based substance use disorder treatment, healthcare, and other services.

Applicants may apply for funding for projects as listed in *Section III: Scope of Services*. The approved strategies for this RFA are:

1. Support efforts for drug checking and prevention of overdose from multiple substances.
2. Establish or expand substance use-related wound care services and protocol.
3. Establish or strengthen post-overdose response teams.
4. Support and expand syringe services programs.
5. Expand services to justice-involved populations.
6. Expand harm reduction services with organizations serving historically marginalized and high-risk populations.

¹⁰ <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

III. SCOPE OF SERVICES

Note: Those entities that are funded through Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL; CDC-RFA-CE-23-0003) are *ineligible* for this RFA opportunity.

The purpose of this Partnerships in Overdose Prevention and Harm Reduction (POPHR) RFA is to fund community-based organizations and local health departments to expand linkages to care for people who use drugs and historically marginalized populations for addressing overdose prevention, polysubstance use, wound care, and related issues. Linkages to care will be expanded through implementation of established harm reduction strategies like drug checking, supporting syringe services programs, expanding justice-involved programs, and promoting peer-led post-overdose teams. Through direct funding, this RFA will support selected programs to hire staff, including peer support specialists, to connect people who use drugs to harm reduction services, evidence-based substance use disorder treatment, healthcare, and other services.

To achieve this purpose, applicants may apply to implement at least one of the strategies outlined below. Application page limits and submission instructions are detailed in *Section V: Application Procurement Process and Application Review*.

Strategies

Applicants may propose one or a combination of the following strategies. Selecting more than one of the following strategies does not increase the likelihood that the application will score higher than those who select only one strategy. Projects proposed should be focused, realistic, well-planned, detailed, and sustainable beyond the project period.

We encourage all proposals to include *specific plans to promote linkages to care* through advancing access to education, transportation, and employment opportunities, expanding or establishing housing first or rapid re-housing services, and incorporating overdose prevention and harm reduction into existing services. Proposals should also clearly describe the role and compensation strategy for people with lived experience for each selected strategy.

In addition to implementing the approved overdose prevention strategies, successful applicants will also help to build local capacity for overdose prevention by creating workforce development training opportunities in their communities, joining IVPB training opportunities, and/or by disseminating educational materials for preventing overdose. Finally, all projects will participate in statewide coordination through meetings with other funded agencies and with IVPB.

1. **Support Efforts for Drug Checking and Prevention of Overdose from Multiple Substances**
by increasing real-time understanding of the drug supply and improve timely reporting of emerging drug threats. Programs implementing this strategy shall describe how they plan to work with participants of their programs to spread information about trends in their community. The following list represents the type of eligible activities that can be included in your application; other relevant activities may also be proposed in your application:
 - a. Set up or expand a drug checking center for overdose prevention and harm reduction by purchasing testing machines, training staff on appropriate use of the machines, receiving

- and testing samples to guide participants on appropriate overdose prevention and harm reduction measures, and disseminating health information on drug trends.
- b. Create mechanisms to provide evidence-based education about safer drug use practices for all drug types and methods of use.
 - c. Develop partnerships with drug checking programs to provide low-barrier access to drug checking services for participants.
 - d. Distribute and educate participants how to use drug checking tools such as xylazine test strips and fentanyl test strips.
 - e. Implement training on drug checking and polysubstance use for public health practitioners, EMS staff, LHD personnel, and other partners.

Reminder: Funds cannot be used for the purchase or distribution of fentanyl test strips for testing in biological samples for clinical decision-making purposes or for the purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl.

2. **Establish or Expand Substance Use-Related Wound Care Services and Protocol** through a comprehensive approach including education, prevention, detection, and monitoring to promote cost-effective and whole person-centered care. Applicants shall outline a specific protocol or plan used for substance use-related wound care response and outreach including education on ways to reduce occurrence of wounds, heal current wounds, and prevent or reduce the recurrence of wounds. Applicants for this strategy shall:
 - a. Identify, adapt, and implement evidence-based training on substance-related wound care best practices for a variety of audiences including LHD personnel, SSP staff, outreach workers, community members, and individuals.
 - b. Conduct street-outreach activities on substance use-related wound care prevention and harm reduction topics.
 - c. Utilize culturally relevant outreach approaches, informed by staff and participants that identify as historically or presently marginalized, to ensure street-outreach activities are specifically focusing on historically marginalized populations.
 - d. Distribute wound care hygiene kits as well as educational materials to demonstrate the proper way to clean, dress, and heal wounds.

Reminder: Funding cannot support the cost of clinical services, naloxone, or other medications.

3. **Establish or Strengthen Post-Overdose Response Teams led by community-based organizations** with experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, social/health services, including housing, employment, food access, and treatment and recovery supports. Although the response to the overdose event is expected to be relatively prompt, these proposals should indicate how these initial interactions with people who have overdosed will be the beginning of a supportive and ongoing relationship, such as light-touch case management. The parameters of this support including how people prefer to connect, how often, and what referrals, services, treatments they want to utilize should be dictated by the participant/person who has overdosed. **Letters of support/commitment should be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and anyone else that is part of this strategy for your application.** The application should outline a specific

protocol or plan used for post-overdose response and outreach. Include a description of the following components:

- a. Meaningful involvement of people with lived experience, those in recovery, and other harm reduction specialists, such as being a key member of the response team and/or informing protocol development.
 - b. Follow-up processes with patients who have experienced an overdose within 72 hours of the non-fatal overdose event, including the following details:
 - i. What happens following an overdose reversal? Provide a timeline of events from how the initial referrals are made to the team (e.g., first responders, emergency departments) leading up to and including making the first initial contact. Explain who is responsible for what action and from what agency.
 - ii. How will the referral process work? Please describe how referrals to harm reduction services (refer to NC Safer Syringe Initiative for partners in your area), substance use disorder or mental health (SUD/MH) providers (including Medications for Opioid Use Disorder (MOUD)/MAT options), and other services will be introduced. Be sure to include names and contact information of these services/providers.
 - iii. How will your team ensure that treatment options and referrals are being presented to people who have overdosed in an unbiased, non-coercive, and non-judgmental way?
 - iv. What factors determine how often follow-up visits are conducted? What will be the default suggestion?
 - v. Who will conduct the follow-up visits and what protocol will they follow on these visits?
 - vi. What parameters will dictate discontinuing services and/or disengaging with program participants?
4. **Support and Expand Syringe Service Programs (SSPs)** through a host organization with experience working with people directly impacted by drug use, including active SSPs. These organizations may be community-based nonprofit organizations, faith communities, local health or human services departments, pharmacies, or other entities with relevant experience. All new SSPs must collaborate on program development and/or implementation with an active, registered SSP; **thus, a letter of commitment from an active, registered SSP is required for any new SSP for this strategy**. The following list represents the type of eligible activities that can be included in your application; other relevant activities may also be proposed in your application:
- a. Support internal capacity to deliver SSP services:
 - i. Hire SSP staff, peers/outreach workers, administrative personnel, case managers, and other roles to support program services and operations.
 - ii. Train SSP staff and participants in first aid, CPR, wound care, safer use practices, rapid testing for communicable/blood-borne diseases, and related harm reduction and disease prevention practices.
 - iii. Purchase eligible SSP and wound care supplies, such as biohazard disposal containers, safer use supplies, alcohol swabs, gauze, bandages, hygiene products, bags, and food (but not medications, syringes, hypodermic needles, cookers). Other forms of drug checking supplies or tools for the purpose of harm reduction

- and overdose prevention, such as mass spectrometers, FTIR machines, and fentanyl and xylazine test strips, are allowed.
- iv. Develop comprehensive support programs within the SSP, such as harm reduction-based support groups, peer navigation to identify participant needs and enroll in local services accordingly, and other methods to ensure connection to appropriate care services.
- b. Provide additional support or linkage to care for program participants and other people who use drugs:
 - i. Develop processes and infrastructure to provide all required and recommended. SSP services under North Carolina law (G.S. 90-113.27), including naloxone. access and hepatitis/HIV testing services.
 - ii. Develop processes and infrastructure to provide additional referral services, such as connections to communicable disease treatment providers, MAT providers, housing, transportation, employment, wound care, food, legal services, recovery, and related care services.
 - iii. Build linkage to care or care management systems to include assistance with scheduling appointments or transportation to and from appointments.
 - iv. Provide comprehensive whole-person support including support or advocacy groups.
 - v. Partner to set up low barrier access to treatment for co-occurring substance use disorders and polysubstance use disorders and related health needs, including wound care.

Reminder: Funding cannot support infrastructure costs for SSPs that are not associated with the co-location of treatment, drug disposal, the provision of equipment such as syringes, hypodermic needles, and cookers, medications including naloxone, sexual health supplies like condoms and lubricant, nor clinical services or sexually transmitted infection (STI) testing services.

5. **Expand Services to Justice-Involved Populations** including jail-based programming like pre- and post-arrest diversion programs, reentry programming to refer individuals to care once released from incarceration, distributing education materials to incarcerated populations, and expansion of treatment and recovery services specific to incarcerated or previously incarcerated individuals. **A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for this strategy.** The following list represents the type of eligible activities that can be included in your application; other relevant activities may also be proposed in your application:
 - a. Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.
 - b. Develop a program for take-home naloxone distribution for people upon release.
 - c. Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals, focusing on individuals with substance use disorder.
 - i. Sample activity: Hire a linkage-to-care navigator that has lived experience with incarceration helps the recently released person receive identification, connect to

Reminder: Funding cannot support the cost of naloxone or other medications.

social and health services (housing, transportation, employment), navigate the court system, and related supports that reduce the likelihood of a drug overdose.

6. **Expand Harm Reduction Services with Organizations Serving Historically Marginalized and High-Risk Populations** by incorporating overdose prevention and harm reduction into existing community-based organizations, particularly those providing other support services to populations that intersect with the drug user population. Often these organizations have been working with people who use drugs and already have established relationships therefore bringing additional risk reduction services into these organizations is a natural way to bridge gaps in the service continuum and meet people where they are. Existing community-based organizations include, but are not limited to, those working on racial justice; health disparities; reproductive health; serving gender, ethnic, sexual minority groups; HIV/AIDS service organizations, homeless services, services for migrant workers, and domestic violence victims' services. **A letter of support/commitment is required from any partnering organizations on this strategy.** The following list represents the type of eligible activities that can be included in your application:
- a. Identifying points of access for naloxone in underserved/marginalized communities and creating a mechanism for education and distribution.
 - b. Creating educational materials about harm reduction and overdose prevention in languages other than English.
 - c. Providing community training sessions on overdose prevention and harm reduction, hosted at or by the collaborating organization already serving HMPs.
 - d. Increasing access to low-barrier substance use disorder treatment for HMPs.
 - e. Co-locating harm reduction services and overdose prevention educational materials on naloxone, safer use, and/or wound care at organizations already serving HMPs.
 - f. Create trainings, guidance documents, and informational campaigns on current laws, ordinances, policies, and attitudes among employers, landlords, and other influencers of employment and housing for people who use drugs that are historically or presently marginalized.

Examples of specific focus areas include:

- a. Partnering with NC Farmworker Health Program to provide overdose prevention education to migrant and seasonal farmworkers and their families, including creation and provision of educational materials in languages other than English.
- b. Create and maintain linkages to care referral systems for people who use drugs that may also engage in other high-risk activities to provide referrals specific to their unique health needs such as referrals for the screening and treatment of STIs, voluntary HIV and HCV testing, mental health services, comprehensive family planning services, and specific social determinants of health.

Reminders: Funding cannot support the cost of housing assistance, food assistance, childcare or related purchases, or subsidizing costs associated with programs other than those specifically targeting overdose prevention. Funding cannot support the cost or provision of HIV/HCV and other STD/STI testing or clinical services. Funding cannot support the purchase of sexual health supplies, such as condoms and lubricants, due to the focus on overdose prevention.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and an award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by (12/15/2023).

2. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

3. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

8. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

14. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

16. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website (<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities>) on 10/02/2023 and may be sent to prospective agencies and organizations via and/or posted on the Program's website (<https://injuryfreenc.dph.ncdhhs.gov/a409.htm>).

2. Distribution of the RFA

RFAs will be posted on the Program's website <https://injuryfreenc.dph.ncdhhs.gov/a409.htm> and may be sent via email to interested agencies and organizations beginning 10/02/2023.

3. Bidder's Conference / Teleconference / Question & Answer Period

All prospective applicants are encouraged to attend a Bidder's Conference on Thursday, October 16, 2023 from 2:00-3:00pm ET at the following virtual meeting space:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDFmODg5MmMtNmYxZC00NTdjLWEzMDQtNDFjM2Y0M2U4OWE4%40thread.v2/0?context=%7b%22Tid%22%3a%22a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22e51342d-ebc7-4789-8ead-8ffbf2fa421d%22%7d

AND

Written questions concerning the specifications in this Request for Applications will be received for the first Q&A period until October 23, 2023, and the second Q&A period until November 13, 2023. As an addendum to this RFA, a summary of all questions and answers will be posted online at <https://injuryfreenc.dph.ncdhhs.gov/a409.htm> by November 6, 2023 and November 27, 2023, respectively.

4. Applications

Applicants shall submit their application as one consolidated PDF file with the separate excel file for the budget to beinjuryfreenc@dhhs.nc.gov with all required attachments and scanned signatures. Paper, mailed, or faxed applications will not be accepted.

5. Original Application

The original application must contain original documents, and all signatures in the original application must be original or a verified digital signature, such as DocuSign. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

6. Format

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. Page limit is 10 pages excluding the budget with narrative and letters of commitment. All pages should be numbered. Use

appropriate headings for each section. The application file name should be as follows:
ApplicantName_A409.

7. Space Allowance

Page limits are clearly marked in each section of the application. Refer to *Section VIII.3 Applicant's Response* for specifics.

8. Application Deadline

All applications must be received **by 5:00 pm ET on Thursday, November 30, 2023**. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or paper-mailed applications will not be accepted.

9. Receipt of Applications

Applications from each responding agency and organization will receive an email confirmation if its application is received on time.

10. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000
Level 2: At least \$25,000 but less than \$500,000
Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

13. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

14. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. An example of this page is provided in *Section VIII.8 Verification of 501(c)(3) Status*.

15. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

16. Unique Entity Identifier (UEI)

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in www.SAM.gov. If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

17. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

18. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

20. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

22. Application Process Summary Dates

10/02/2023: Request for Applications released to eligible applicants.

10/16/2023: Bidder's Conference / Teleconference. (if applicable)

10/23/2023: End of Q&A Period 1. All questions due in writing by 5pm.

11/6/2023: Answers to Questions from Q&A Period 1 released to all applicants, as an addendum to the RFA.
11/13/2023: End of Q&A Period 2. All questions due in writing by 5pm.
11/27/2023: Answers to the Questions from Q&A Period 2 released to all applicants, as an addendum to the RFA.
11/30/2023: Applications due by 5pm.
12/15/2023: Successful applicants will be notified.
6/1/2024: Anticipated contract start date.

VI. PROJECT BUDGET

All applicants should prepare a budget for the funding period of June 1, 2024 through August 31, 2024 that does not exceed the annual amount of \$90,000. Requested budget amounts should be realistic, and applicants should be prepared to use ALL the funds awarded within the four-year funding cycle. Budgets for years 2-4 will be requested pending availability of funds. Where applicable, two-year budgets will be requested.

Budget and Justification

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification. The link to the budget can be found here:

<https://injuryfreenc.dph.ncdhhs.gov/a409.htm>.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

Allowable Costs

1. Full-time salaries, stipends, and other wages for program staff and other supporting positions, such as peers, outreach workers, linkage-to-care navigators, case managers, administrators, contractors, and volunteers.
2. Costs associated with program implementation, linkage to care, and participant engagement, such as offering phone cards, cell phones, start-up expenses, application fees, and related expenses.
3. Renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement.
4. Transportation-related needs through items such as bus vouchers, rideshare services, cab gift cards, or other partnerships to support linkages to care.
5. Syringe services program care supplies, such as alcohol swabs, gauze, band aids, hygiene products, and bags. Other forms of drug checking supplies or tools, such as mass spectrometers and fentanyl test strips, for the purpose of harm reduction and overdose prevention are allowed.
6. Training and technical assistance for harm reduction skills and expertise.
7. Attending trainings and conferences related to implementing your program.
8. Subcontracts, developing memoranda of understanding, or utilizing another form of demonstrated commitment with partners for technical assistance, trainings, or direct support.
9. Indirect cost is allowed on the portion of the sub-award funded by this grant. Please see pages 26-27 for additional information on indirect costs

Funding Restrictions

1. Provision and procurement of equipment solely intended for illegal drug use or for preparing drugs for illegal drug use injection, such as cookers, spoons, syringes, hypodermic needles, and pipes.
2. Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs.
3. Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared

(FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl. (Drug testing machines for harm reduction purposes and linkages to care are allowed.)

4. Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes. (Fentanyl test strip distribution for harm reduction purposes is allowed.)
5. Clinical care or any direct medical service, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, such as pain management; and including the purchase of medications, including naloxone, methadone, buprenorphine, and naltrexone, and the provision of HIV/HCV or other STI testing and treatment.
6. Paying for fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine.
7. Financial incentives to encourage clinicians to participate in educational sessions and training activities.
8. If you are proposing activities that are based out of a clinic or healthcare settings, there are additional funding restrictions that are not listed here.
9. Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags.
10. Purchasing vehicles or paying down existing mortgages and/or other loans, including purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose.
 - a. **NOTE:** Leasing vehicles may be allowable expenses for community-based linkage to care activities.
11. Capital expenses, new construction or renovation of facilities, furniture, or equipment.
12. Any type of research.
13. Match funding on other federal awards or duplicate expenses covered by other federal sources.
14. Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
15. Establishing new SSPs.
16. Infrastructure costs, such as rent and utilities, for SSPs that are not associated with the co-location of treatment.
17. Safe injection sites, and developing educational outreach and guidance or materials about supervised/safe injection sites.
18. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention, including housing and food assistance.
19. Safer sex kits (condoms and lubricant).
20. Childcare and childcare-related purchases.
21. Prevention of adverse childhood experiences (ACEs) as a standalone activity.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.655 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$15.00	\$15.00
Dinner	\$26.00	\$26.00
<i>Total Meals Per Diem Per Day</i>	<i>\$54.00</i>	<i>\$54.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$98.00 + taxes/fees	\$98.00 + taxes fees
Total Travel Allowance Per Day	\$152.00	\$152.00
Mileage	\$0.655 per mile/regardless of distance	

Other Restrictions (if applicable)

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by: **Federal CDC Cooperative Agreement on Overdose Data to Action in States (CDC-RFA-CE-23-0002 (with no Indirect Cost/Administrative Restrictions))**

Indirect cost is allowed on the portion of the sub-award funded by the Center for Disease Control and Prevention Cooperative Agreement CDC-RFA-CE-23-0002 on Overdose Data to Action in States.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's submission "Indirect Cost Rate Approval Letter".

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by the Center for Disease Control and Prevention Cooperative Agreement CDC-RFA-CE-23-0002 on Overdose Data to Action in States is as follows for each year:

<u>Year</u>	<u>CDC-RFA-CE-23-0002 Funding Estimate</u>
1	\$330,000
2	\$990,000
3	\$990,000
4	\$990,000

VII. EVALUATION CRITERIA

IVPB shall facilitate a comprehensive review process. Each application will undergo an initial screening to determine if all required documents and forms are included and presented in the required formats. Applications which are incomplete will be excluded from further review.

Scoring of Applications:

Applications shall be scored based on the responses to the five application content areas, Letters of Support and Letters of Commitment, and Project Budget and Justification. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

1	POOR	Applicant only marginally addressed the application area.
2	AVERAGE	Applicant adequately addressed the application area.
3	GOOD	Applicant did a thorough job of addressing the application area.
4	EXCELLENT	Applicant provided a superior response to the application area.

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. For instance, if the content area has a weight of 10 and it is rated 4 (excellent) the total for that content area will be 40 points. The highest total score for an application is 100 points. Agencies scoring below 70, excluding any bonus points awarded, may not be funded.

A selection committee chosen by the Division of Public Health will review each application submitted. Upon review of each application the selection committee will assign a numerical rating to each section based on the following:

Applicant Response (100 points total):

A. Proposal Summary (0 points) – *Required, not scored*—but 2 points deducted if not included in application.

B. Project Narrative (88 points)

1. Assessment of Need

Weight = 3, Total maximum points = 12 points

Score distribution: 3 = poor; 6 = average; 9 = good; 12 = excellent

2. Organizational Readiness

Weight = 4, Total maximum points = 16

Score distribution: 4 = poor; 8 = average; 12 = good; 16 = excellent

3. Project Description and Sustainability

Weight = 7, Total maximum points = 28

Score distribution is: 7 = poor; 14 = average; 21 = good; 28 = excellent

4. Evidence of Collaborations/Partnerships, Letters of Commitment

Weight = 6, Total maximum points = 24

Score distribution: 6 = poor; 12 = average; 18 = good; 24 = excellent

5. Evaluation Plan

Weight = 2, Total maximum points = 8

Score distribution is: 2 = poor; 4 = average; 6 = good; 8 = excellent

C. Project Budget (12 points) – Required

Weight = 3, Total maximum points = 12 points

Score distribution: 3 = poor; 6 = average; 9 = good; 12 = excellent

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

The following items must be included in the application. Please assemble the application as one single PDF in the following order:

1. ☐ **Summary Page**
2. ☐ **Application Face Sheet**
3. ☐ **Applicant's Project Narrative**
4. ☐ **Indirect Cost Rate Approval Letter (if applicable)**
5. ☐ **Letters of Commitment or Statements of Support**
6. ☐ **IRS Letter Documenting Your Organization's Tax Identification Number
(public agencies)**

or

☐ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax
Exempt Status (private non-profits)**
7. ☐ **Verification of 501(c)(3) Status Form (private non-profits)**

Please submit the **project budget as a separate excel document** using the provided Budget Worksheet.

1. Summary Page

This form provides summary information about the applicant and the proposed project with the Injury and Violence Prevention Branch. This form is one of the application's cover pages. Please follow the instructions below.

Department of Health and Human Services, Division of Public Health RFA A409 Summary Page

Applicant Information –

1. LEGAL NAME OF APPLICANT:
2. APPLICANT AGENCY'S FEDERAL TAX ID NUMBER:
3. APPLICANT AGENCY'S UEI NUMBER:
4. AGENCY DETAILS: (select all that apply)

*Evidence of this work must be outlined in the project proposal.

- ☐ My agency/organization works with historically marginalized populations that are at particular risk of overdose including people that are:
 - ☐ Experiencing homelessness and housing instability,
 - ☐ Black, Indigenous and People of Color (BIPOC),
 - ☐ Tribal communities in NC, and/or
 - ☐ Transitioning from correctional settings to the community.
- ☐ My agency/organization is based in a county that has higher overdose burden according to the county-level DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>).
- ☐ My agency/organization has limited or a low existing resources.
- ☐ My agency/organization focuses on linkages to care as part of our organizational mission.

Proposal Information –

1. WHICH ARE THE FOLLOWING STRATEGIES YOUR PROPOSAL WILL BE ADDRESSING?
(select all that apply)

- ☐ Support efforts for drug checking and prevention of overdose from multiple substances
- ☐ Establish or expand substance use-related wound care services and protocol
- ☐ Establish or strengthen post-overdose response teams
- ☐ Support and expand syringe services programs
- ☐ Expand services to justice-involved populations
- ☐ Expand harm reduction services with organizations serving historically marginalized populations

2. NC COUNTIES TO BE SERVED BY THE PROPOSED PROJECT:

The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.

Signature of Authorized Representative:

Date:

Click or tap to enter a date.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the Injury and Violence Prevention Branch, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A409 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency UEI:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. Page limit is 10 pages excluding the budget with narrative and letters of commitment. All pages should be numbered.

Include section headings listed in the Applicant's Response (project narrative). Some page limitations are specified, otherwise it is important to be concise and only include information pertinent to the implementation of the proposed overdose prevention and harm reduction program.

Use the optional Project Narrative Worksheet and data dictionary tools available within this RFA as Appendix B and posted online at: <https://injuryfreenc.dph.ncdhhs.gov/a409.htm>

A. **Proposal Summary (0 points)** – *Required, not scored*

Provide a brief (no more than 250 words) overview of the planned project. Must include a purpose statement describing how your application will address the needs of people who use drugs in your community with particular considerations for historically marginalized populations. ***Applications without a proposal summary will be deducted 2 points.***

B. **Project Narrative (88 points)**

1. **Assessment of Need** (Total maximum points = 12 points) *suggested page limit: 1 ¼ pages*
 - a. Describe the county or area you will be serving. Include information about the population(s) who live there, the size and geographic diversity of the area, and any other factors that may impact your prevention activities (e.g., urban/rural, historically marginalized populations, transportation, industry and economic conditions, recent events, etc.). Include data on overdose, as well as limitations of the data available. *Please refer to the data dictionary included in Appendix B for available data sources.*
 - b. Describe the population that will participate in your organization's overdose prevention programming and why you chose to work with this population. If your organization has completed a community-involved readiness assessment and/or needs and strengths assessment with the population discussed within the past three years, please indicate which of the data in your response to this question are findings from that assessment.
 - i. Include data on risk factors for overdose, and other evidence that demonstrates the need for overdose programming. Data may be based on research or may be based on the applicant's knowledge of community context and prior experience, per the best available evidence listed within the provided data dictionary, which can be found in Appendix B.
 - ii. Describe the strengths in your community and among the population that will receive overdose prevention programming that may be helpful to your work such as community protective factors, other services, strong collaborations, strong and vocal advocate(s) for the prevention of overdose, or community climate indicators that suggest people may be ready to address this issue. How will these strengths support success for the proposed project?
 - iii. Discuss any limitations on data as appropriate.

- c. Describe any challenges you anticipate as you develop overdose prevention programming such as resistant community leaders, community attitudes or values, or discriminatory policies currently in place.

2. Organizational Readiness (Total maximum points = 16 points) *suggested page limit:*

1 ½ pages

- a. Provide specific examples of the organization's capacity to deliver information in a culturally humble, sensitive and appropriate manner. The applicant must demonstrate an understanding of issues particularly affecting the people who use drugs (PWUD) population and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds and who are trained and aware of specific drug user health issues.
- b. Describe your organization's history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities.
- c. Describe how your organization will be delivering program activities in a culturally appropriate manner.
- d. *If applicable, highlight if your organization falls into the following prioritized areas:*
 - i. *Organizations that work with historically marginalized populations that are at particular risk of overdose including people that are:*
 - 1. *Experiencing homelessness and housing instability,*
 - 2. *Black, Indigenous and People of Color (BIPOC),*
 - 3. *From NC recognized tribal communities, and/or*
 - 4. *Transitioning from correctional settings to the community.*
 - ii. *Organizations that are based in counties that have higher overdose burden according to the county-level DHHS poisoning data*
(<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>).
 - iii. *Organizations that have limited or a low existing resources.*
 - iv. *Organizations that focus on linkages to care as part of their organizational mission.*

3. Project Description and Sustainability (Total maximum points = 28 points) - *suggested page limit: 2 ½ pages*

- a. Clearly identify which strategies from the list of eligible strategies are included in the project.
- b. Describe in detail your proposed project including its influence on furthering overdose prevention and other harm reduction services for people who use drugs including historically marginalized populations, increasing access and linkages to care for the most high risk populations, and building local infrastructure to respond to the overdose crisis in North Carolina.
- c. Describe how your project will advance the goals of harm reduction in your community, and how you have incorporated harm reduction principles and best practices in the design of your project including any barriers or challenges.
- d. Explain how you will engage or have already engaged the priority population in developing this proposed project.
- e. Detail how this project will address your organization's needs.

- f. Include timelines for project implementation with specific program objectives as they relate to performance measures and budget such as hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, and enrolling participants.
- g. Explain how the project will contribute to or promote the capacity of your organization or your community over time to prevent overdose deaths. Applications must describe how the enhancements, improvements, or increases achieved during the project year may be sustained past the funding secured during the project period.
- h. Describe obstacles that may affect your organization's ability to sustain this program after the project cycle and potential solutions to these identified challenges.
- i. Detail any funding from other sources that will be used towards this project.

4. **Evidence of Collaborations/Partnerships, Letters of Commitment** (Total maximum points = 24) - *suggested page limit: 2 pages*

- a. Describe how your agency uses monitoring efforts and data, including data from evaluation, community context, and project staff experience, to make programmatic decisions. How will you involve community members in using monitoring efforts and data to make decisions about the project?
- b. How will community members be involved in identifying data priorities? How will project results and outcomes be communicated to partners, including back to your community?
- c. Include all required and recommended letters of commitment from partners/collaborators.

5. **Evaluation Plan** (Total points = 8 points) - *suggested page limit: 1 page*

- a. Detail how you will evaluate your project.
- b. Describe how you will engage the priority population in the design and implementation of the evaluation of this project.
- c. Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project.
- d. List any additional metrics that you will evaluate.
- e. If applicable, include any details about compensation for outside evaluation support or participant incentives.

C. Project Budget and Justification (Total maximum points = 12 points)- *use budget form provided*

- a. Ensure requested budget amounts, particularly staffing, subcontracts, and materials, are realistic and appropriate for the proposed project.
- b. Cross-check and include all allowable expenses; exclude all unallowable expenses.
- c. Confirm salaries are commensurate to the required competencies and job duties of the position.
- d. Identify how the amount on the line-item budget was calculated, and state how the expense relates to the project.

This RFA requires a line item budget and justification for the initial funding period of June 1, 2024 through August 31, 2024. *This should be a project specific budget, NOT the budget for your entire organization.*

Budgets for year 2-4 of the project will be developed during the contract development period for each respective year in accordance with program progress. Where applicable, these budgets will be in two-year increments.

Applicants must use the following link to access the Injury and Violence Prevention website and locate the Budget Template and instructions at: <https://injuryfreenc.dph.ncdhhs.gov/a409.htm>. In-kind or matching funds are not required for this program.

The budget must be submitted as a separate Excel document with the official application submission. Do not remove any of the formulas from the Excel document. The document should be named using the following naming convention, ApplicantName_A409_Budget.

Clearly state the total amount requested. The total maximum allowed for the first year is \$90,000. Refer to *Section VI. Project Budget* starting on page 24 for all eligible and ineligible expenses as well as state permitted travel costs and per diem.

1. **Salary and Fringe Detail** – All salary and fringe information for the proposed project should be entered into the "Salary and Fringe" tab. For each of the employees who will work on the proposed project, please provide the title/role and name (or TBD) in column A. Provide the hourly rate or annual salary and number of months and percentage of time they will be working on the project and the table will auto-populate the total amount to be charged to this project budget. Enter the corresponding fringe amount for each employee receiving fringe benefits in the Fringe section. In the narrative (pink section) provide a description of the work they'll be doing on the project. When estimating the FTE% allocation for new positions, it is important to consider the typical time lag between the start date of the grant and the new person actually being in place. If the project requires volunteer stipends or other contracted individuals who will be paid in lump sums, enter this amount in the Salary and Fringe section of the "ContractorBudget" tab in the "other" row and provide a detailed narrative.
2. **Operational Expenses** – All operational expense information for the proposed project should be entered into the "OperationalExpenses_Detail" tab. For each of the line items in Operational Expenses, please provide the name of the expense in column A. Provide the number of units and the unit price and the table will auto populate the total amount to be charged to this project budget. In the narrative provide the breakdown of unit cost, number of units, and a description of the items. Please refer to *Section VI. Project Budget* for all state travel reimbursement rates. Any rate above the state allowable reimbursement rate will not be honored.
3. **Subcontracting Expenses** - A separate subcontractor budget is required for each subcontractor on the proposed project. Subcontractor budgets shall be completed using the same instructions as the above outlined contractor budget instructions, except using the tabs that begin with "Subcontract_". If the project has multiple subcontractors, please provide a separate budget for each subcontractor. You can duplicate the subcontractor budget tabs by right clicking on them and selecting duplicate. If additional subcontractor budget tabs are added, please contact beinjuryfreenc@dhhs.nc.gov to walk through changing the "ContractorBudget" tab formula to calculate subcontractor expenses.

4. Indirect Cost Rate Approval Letter (if applicable)

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's submission "Indirect Cost Rate Approval Letter".

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the de minimis rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

5. Letters of Commitment

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. In addition, there are other specific letters required or recommended for your selected strategy or strategies as described above. Additional letters that are relevant and descriptive will strengthen your application. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration. The partnership highlighted in the letter of support should also be reflected in the application narrative. Review *Section VII: Evaluation Criteria* for scoring details.

The following are required letters of support/commitment:

- Letters of support/commitment should be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and anyone else that is part of this strategy for your application.
- A letter of support from an active, registered SSP is required for new (operating for less than two years as of October 2, 2023) SSPs applying to Support and Expand Syringe Services Programs (SSPs).
- A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for all organizations applying to Expand Services to Justice-Involved Populations.
- A letter of support/commitment from the community-based organizations already serving historically marginalized populations is required for applicants applying to work with HMPs.

Letters of commitment/support should be included with each application as an appendix and will not count toward the narrative page limit of this RFA for each Part. Please do not have letters sent separately to the Injury and Violence Prevention Branch. Letters not included in your compiled electronic application will not be read by reviewers.

6. IRS Letter

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

7. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of _____
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20____.

(Signature)

Appendix A Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the
RFA response.
They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 - ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - ☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor [Organization's] Legal Name

Date

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits

discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

City, State, Zip Code:

Street Address No.2:

City, State, Zip Code:

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Disclosure of Lobbying Activities

(Approved by OMB 0348-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ Date of Last Report: _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known) Congressional District (if known) _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known) _____
6. Federal Department/Agency: _____	7. Federal Program Name/Description: CFDA Number (if applicable) _____	
8. Federal Action Number (if known) _____	9. Award Amount (if known) : \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	
11. Amount of Payment (check all that apply): \$ _____ € actual € planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary): _____		
15. Continuation Sheet(s) SF-LLL-A attached: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL</p>	

<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503</p>

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ (“Organization”), and by that authority
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

(Signature)

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Reference only — Not for signature

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed

and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____
[Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

[Name of Board Chair] and

[Name of Second Authorizing Official] being
duly sworn, say that we are the Board Chair and

[Title of Second Authorizing Official],
respectively, of _____
[Agency/Organization's full legal name] of _____ [City] in the State of
_____ [State]; and that the foregoing certification is true, accurate and
complete to the best of our knowledge and was made and subscribed by us. We also
acknowledge and understand that any misuse of State funds will be reported to the appropriate
authorities for further action.

Reference only — Not for
signature

Board Chair

Title

Date

Reference only — Not for
signature

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires _____, 20__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's
Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
 - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

Only executive compensation data reporting:

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's Legal Name _____ Contract Number _____

☐ Active UEI registration record is attached

An active registration with UEI is required

Entity's UEI _____

Entity's Parent's UEI
(if applicable) _____

Entity's Location

street address _____

city/st/zip+4 _____

county _____

Primary Place of Performance for specified contract

Check here if address is the **same** as Entity's Location ☐

street address _____

city/st/zip+4 _____

county _____

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Appendix B Narrative Worksheet and Data Dictionary

Do **NOT** complete these documents at this time **nor return them** with the RFA response. The narrative worksheet and data dictionary are additional tools to help you write the RFA application.
They are for reference only.

Department of Health and Human Services, Division of Public Health
RFA A409 Applicant Response Worksheet

This project narrative worksheet is an **optional tool** that you may use to help complete your application. The goal of this document is to give more specific guidance to help you answer all components of IVPB Request for Applications. This worksheet does not cover everything you will need to write in your application, but it gives questions you can think about during your writing.

Be sure to read the full Request for Application. The Request for Applications (RFA) outlines the scope of the project and the different options to which your organization can apply.

Instructions: The Applicant proposal shall include the following sections listed in this specific order and clearly marked as such. Applications must be **10 pages or less**, not including any attachments or appendices. See each section below for questions to consider when writing that section of the application.

Prior to writing each of the application sections, use these guiding questions to ensure you cover all the required information in your application. Please, do not submit this worksheet as your application. This application is meant to give you questions to consider and does not cover the fullness of the application.

Proposal Summary (0 points) – Required, not scored
Fill in the blanks to the following statements:

Our organization's primary focus is to:

The purpose of our project is to achieve:

To achieve these goals, we will do these activities:

We need the funds to support _____ and _____ of our proposed plan.

*Now use the information you wrote down to guide your **Proposal Summary** portion.*

Assessment of Need (12 total points)

Fill in the blanks to the following statements:

Our organization needs this funding because:

This service is necessary in our community because:

For this project, we will work with the following priority populations, in the following geographic area. We hope to serve the following estimated number of people.

We have the following experience in or with these communities and the challenges they face:

The biggest needs our community has related to preventing overdose deaths, polysubstance use, wound care, and/or related issues are:

A barrier/gap in our community with respect to expanding the linkages to care for people who use drugs and historically marginalized populations is:

The opportunities we see in our community with respect to expanding linkages for people who use drugs and historically marginalized populations to care are:

We identified the needs of these priority populations by:

We have identified strengths in our community and organization that will be helpful to our work and they are:

We plan to include individuals with lived experience and/or from directly impacted communities in meeting these needs by:

*Now use the information you wrote down to guide your **Assessment of Need** portion.*

Organizational Readiness (16 total points)

Fill in the blanks to the following statements:

Our organization's name and mission is:

--

We serve the following counties:

--

Our existing staff and experience that is relevant to this project is (If you have peer support specialists and/or other staff with lived experience that will support this project, please describe):

--

Our organization's history of work and experience working with people impacted by overdose is the following with examples:

--

We deliver services and programs in a culturally competent way by:

--

*Now use the information you wrote down to guide your **Organizational Readiness** portion.*

Project Description and Sustainability (28 points)

Fill in the blanks to the following statements:

Our main goals of the project are to _____ by using _____ strategy(ies):

The primary group of people to be served through this project are _____ and we are engaging this priority population by:

We are engaging people with lived experience of substance use and involving them in the planning, implementation and/or evaluation of this project by: (e.g. hiring peer support specialists from directly affected communities or creating an advisory committee to help guide the work)

What we need to achieve our goals includes:

We'll know we're successful if we _____ at the end of the grant period.

We plan to use the following overdose prevention and/or harm reduction partners/resources when developing our project:

Our project will promote organizational capacity and sustainability by:

*Now use the information you wrote down to guide your **Project Description and Sustainability** portion.*

Evidence of Collaboration/Partnerships, Letters of Commitment (24 points)

Fill in the blanks to the following statements:

Other organizations we will partner with include _____. We will partner with them because they bring _____ to the project.

Our current relationship looks like:

This partnership is important to our work because:

Our organizations complement each other well because we bring _____ to the table and they bring _____.

Our organization will be responsible for the following work: _____ and our partners will be responsible for _____.

We will make decisions and communicate with partners by:

We will incorporate people with lived experience and directly impacted communities into our collaboration and decision making by:

We will ensure that projects or services are not being duplicated in the community and with the population being served by:

--

*Now use the information you wrote down to guide your **Evidence of Collaboration/Partnerships, Letters of Commitment** portion.*

Evaluation Plan (8 points)

Fill in the blanks to the following statements:

We will track the following activities _____ on a _____ basis (daily, weekly, monthly), and report our findings to _____.

--

We will compile our information on a _____ basis (daily, weekly, monthly), and identify any problem areas.

--

We will use (surveys, interviews, etc.) _____ to collect data and use (excel, other software) _____ to track the data.

--

We will know we have made progress when:

--

There will be changes in _____ which will indicate that our program has made an impact.

--

We are engaging the priority population in the evaluation process by:

--

The evaluation will measure the following performance measures:

--

*Now use the information you wrote down to guide your **Evaluation Plan** portion.*

Data Dictionary:

Partnerships in Overdose Prevention and Harm Reduction (POPHR)

This data dictionary contains approved sources for information relevant to overdose prevention and harm reduction that are encouraged to be used in the application narrative.

The tables below (organized by category) contain various sources that you may be expected to collect as part of this grant application. In each table, there is:

- A source name
- The level of data the source contains (National, County, State, City)
- A link to the source
- A short description of what can be found at the source

Demographics, Service Area, and Other Health Outcomes:

Source Name	Data Level	Link	Notes
County Health Rankings	County	https://www.countyhealthrankings.org/ North Carolina Health Ranking Profile	This source allows you to search for a specific county in search bar at the bottom of the homepage, which then provides rankings of that county in a multitude of health outcomes, compared to other counties (or state average). HIV prevalence and OD deaths ranking can be found here. Helpful when compared to counties of similar size/rurality, or the state average.
U.S. Census Bureau	State County City Zip Code Census Tract	https://www.census.gov/	Sourced from Census information, type in either your state or county in the search bar and scroll through to see quick facts from census data relevant to that area.
Medicare County/State Dashboard	County State	County Dashboard State Dashboard	This source can be used to provide background and context of health outcomes for people in local jurisdictions.

National Drug Use Rates:

Source Name	Data Level	Link	Notes
National Survey on Drug Use and Health	National	https://nsduhweb.rti.org/responsive/homepage.cfm	This source can be used to provide background for a grant application, and US data to set context of the overdose epidemic.

SAMHSA 202 Report	National	Key Substance Use and Mental Health Indicators in the United States	This is a PDF report on the findings from the National Survey on Drug Use and Health.
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Overdose Data:

Source Name	Data Level	Link	Notes
NC Opioid and Substance Use Data Dashboard	State County	https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard	This source displays the metrics and actions tracked in the North Carolina Opioid and Substance Use Action Plan at the state, regional, and county level. It contains the most up to date and locally relevant data available regarding local health outcomes related to drug use and overdose.
IVPB Overdose Data	State County	https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm	For monthly surveillance reports, county-level overdose slide sets, and data tables on overdose deaths, hospitalizations, and ED visits. Click here to listen to a recording of the core set of overdose data slides.
Overdose Rate Change CDC	State	https://www.cdc.gov/drugoverdose/deaths/2019-2020-increase.html	This source is a good visualization and source to see how rate of overdose has increased overtime.
CDC's Data on Nonfatal Overdoses (DOSE)	National State	https://www.cdc.gov/drugoverdose/nonfatal/dose/surveillance/dashboard/index.html	Provides a simple and easy to use data visualization about percent change in nonfatal overdoses in chosen state.
CDC's State Unintentional Drug Overdose Reporting System (SUDORS)	State	https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html	Similar to the DOSE dashboard, but with Fatal Overdoses.

Drug Supply Information:

Source Name	Data Level	Link	Notes
DEA Threat Assessment	National	https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf	Resource created by the DEA about the state of the poisoned drug supply in the US

UNC Drug Checking Lab Datasets	State	https://opioiddatalab.github.io/drugchecking/datasets/	UNC Chapel Hill performs drug checking (Analytical chemistry and epidemiology of street drugs) and publishes datasets of their results on this website. They have listed multiple audiences with relevant information.
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HIV Data:

Source Name	Data Level	Link	Notes
Counties at Risk for HIV Outbreak (CDC)	County	https://www.cdc.gov/pwids/county-at-risk-counties-data.html	CDC resource; a bit older (first developed with 2020 data), but can still be used as evidence of past HIV outbreaks when justifying SSP programs and how they can lower HIV rate.
AIDS Vu Map	State County City	https://www.cdc.gov/pwids/county-at-risk-counties-data.html	Helpful HIV rate heat map that is broken down to specific state, county, and city rates.

Hepatitis C Virus (HCV) Rates:

Source Name	Data Level	Link	Notes
Figure of Acute HCV Cases by Year	National State	National Link State Link	Hard to track, but this is a good resource for describing HCV burden.

NC Opioid Settlement Information:

Source Name	Data Level	Link	Notes
General Support Resources	State	https://ncopioidsettlement.org/resources/general-support-resources/	List of resources and contact information to support spending settlement funds
Strategy Specific Resources	State	https://ncopioidsettlement.org/strategy-resources/	A list of all strategies made available under the settlement and resources to support the work.

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